

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 22 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **AA4000000617**

1. Entity Name

The GSP Real Estate Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

63 Bayview Rd.

Suite, Apt. #, etc.

3. Mailing Address

63 Bayview Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Dover NH

City & State

Dover NH

4. FEI Number

65-0488496

Applied For

Not Applicable

Zip

03820

Country

Zip

03820

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Peterson, Renno L Esq.

Street Address (P.O. Box Number is Not Acceptable)

2 N. Tamiami Trail, Suite 606

City

Sarasota

FL

Zip Code

34236

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record. *1,000,000.00*

10. Amount of Capital Contributions

in FLORIDA to date. *1,000,000.00*

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

GSP Consolidated LLC.

63 Bayview Road

Dover NH 03820

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Leson Norman GSP Consolidated as General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E03B (12/01)